

Prevention (The) of insanity xx

THE
PREVENTION OF INSANITY
AND THE
EARLY AND PROPER TREATMENT
OF THE INSANE.

BY DR. PUTNAM JACOBI, PROF. HARRIS, DR. CLEAVES, AND OTHERS.

[Reprinted from the Journal of Social Science, No. XV.]



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A DISCUSSION OF INSANITY.

The evening of Wednesday, September 7, at the Saratoga Social Science Congress of 1881, was occupied with a discussion of Insanity in its general aspects, at which Mr. Dorman B. Eaton, of New York, presided; the principal feature of the discussion being a Paper by Dr. Jacobi, which was read in her absence, by Dr. Edward C. Seguin, of New York. Prof. Harris, Chairman of the Department of Education, Dr. Channing, Chairman of the Health Department, Dr. Seguin, Mr. F. B. Sanborn, and others spoke in the debate, and an abstract of what they said is given below.

DR. JACOBI'S PAPER.

Some Considerations on the Moral, and on the Non-Asylum Treatment of Insanity.

BY MRS. MARY PUTNAM JACOBI, M. D., OF NEW YORK.

Read Wednesday Evening, September 7, 1881.

The two branches of my subject indicated in its title, are in no opposition to each other. It is conceivable that moral treatment should be carried out at our asylum; it is advised; nay, nearly all the special advantages offered by asylums constitute so many elements of moral treatment. "There is," says Krafft Ebing, "no longer any room for the question, whether the therapeutics of insanity should be exclusively somatic or psychic. The knowledge that all mental phenomena are functions of the brain, indicates to us to try to affect the morbid psychic life through all psychical influences, — through the systematic awakening of feelings, conceptions, and impulses; and the experience that anatomical processes in the brain lie at the basis of insanity, commands all our efforts to remove the disturbance of the cerebral functions by means of physical medication. In the equal estimation of somatic and psychic treatment, and in the strenuous necessity for their combination, is to be found the fundamental law in the therapeutics of the psychoses." Another reason may be added to those mentioned by Krafft Ebing for this duplex therapeutics. It is that the cause of an attack of insanity may be either moral or physical, or, much more frequently, both combined. The relative predominance of the somatic or psychic element in the treatment of any given case, must correspond to that in its etiology.

In the remarks we take the liberty of offering on this occasion, we do not propose to consider the problems of the management of the pauper insane, of the provision to be made for incurable dementia, or for the final and degraded forms of insanity. Nor do we here touch upon the treatment of the psychoses associated with definite brain diseases, as general paralysis, or epilepsy. The question we select out of the vast and tangled mass, is that of the theoretically best treatment for those forms and stages of insanity which are recognized as curable, and yet which very frequently remain uncured. Setting aside discussion of the practical difficulties in the way, we would like to consider what answer could be made to the inquiries of intelligent parents who are able and anxious to contend with all difficulties, if the hope could be held out to them of ultimate cure or even of palliation to the mental disease of their smitten children. If the theory were once well worked out for these relatively fortunate cases, a standard would exist with which the treatment of the poor and unfriended could be compared. At present the notion is widely diffused that the cardinal and only treatment for insanity in any form and at any stage, is removal to an insane asylum; that this constitutes *in itself* a mode of cure, whose chances of success are great in proportion to the early stage of the disease at which it is instituted. Detection of incipient insanity is, therefore, said to be valuable, merely for the sake of forcibly submitting the patient to this cure at an earlier period.

We think it is quite worth while to recall in this connection what has been said, not against the abuses of asylums, but against the principle of asylum treatment. Dr. Mortimer Granville, after laborious researches among the best asylums of Great Britain, arrived at the following conclusions:*

“The existing method of dealing with lunatics is chiefly notable for its negative advantages. It is free from the objections which public opinion urged on grounds of humanity against the restraint system; but it has few positive excellencies of its own, and of these, scarcely one is remedial. . . . There is a radical fault at the base of the asylum system, and every thing is made to conform to it. Uniformity is the one dominant idea. But it is impossible to deal with minds in the mass. . . . It is one of the disadvantages accruing to the modern system of treatment, which is, indeed, scarcely a system, that cases are too frequently allowed to drift, if only quiet wards, a low death rate, and a fair proportion of discharges described as ‘recoveries’ can be secured. It is not that cases are neglected; they are simply overlooked.” . . . “The asylum question narrows itself to one of method. The present system consists in attempting to meet the demand by simply multiplying the supply. I contend (we are still quoting from Granville), that this practice is erroneous, and can never command entire success.”

*“Care and Cure of the Insane.” London, 1877.

According to Professor Duncan, "it is scarcely wrong to assert that the magnificent accessories of the treatment of the insane, have not been of great service to humanity. Lunatics are not more frequently cured than they used to be; the number of recoveries has not increased; the whole asylum system is uselessly expensive, and detrimental to the majority of the insane."*

Before this writing, Maudsley had been even more emphatic. He declares that insane asylums originated "in the shame, horror, and dread of insanity which still infect the public mind. . . . To shut the insane up from gaze, and, if possible, from memory; to be rid at any cost of their offending presence, — that was the one thing to be done, and fit implements were not wanting to do it. . . . I hold it to be an erroneous principle to lock up a person in an asylum simply because he is mad. . . . No one, sane or insane, should ever be entirely deprived of his liberty, unless for his own protection, or for the protection of society. . . . The world has grown to the fashion of thinking that madmen are to be sequestered in asylums. . . . Even those who labored to effect the abolition of restraint within asylums, never dreamt of the abolition of the restraint of asylums. . . . Not the least of the evils of our present monstrous asylums, is the entire impossibility of any thing like individual treatment in them. . . . One effect of asylums is to make some permanent lunatics. . . . I can certainly call to mind more than one instance in which I thoroughly believe the removal of a patient from an asylum was the salvation of his reason."†

In apparent opposition to these observations are the statements of Krafft Ebing, "that the asylum is not rarely the most direct agent of cure"‡; and of Griesinger, "that removal to a *good* asylum is most urgently indicated in the greater number of cases."§ The necessary modification is supplied by the authors themselves, in remarks which may, under many circumstances, furnish a basis for the English criticisms. "Never," observes Griesinger, "is the need of minute individualization more strenuous than in the therapeutics of insanity." "It is," says Krafft Ebing, "in the individualizing treatment of the psychically sick person that lies the entire interest, but also the entire difficulty of the therapeutics — especially in regard to its psychical side." The difficulty of effecting such individualization among the crowded populations of the best insane asylums is obvious. Before de-

* Quoted by Granville from the *Quarterly Journal of Science*, April, 1870.

† "Pathology of the Mind," pp. 423-432. Krafft Ebing attributes the foundation of asylums to the humane persuasion that insanity was a disease to be treated. He seems to forget Bedlam.

‡ "Lehrbuch der Psychiatrie," Bd. 1, 1880.

§ "Psych. Krankheiten," 1867 (p. 477). Griesinger gives an elaborate and attractive picture of the comfort which may be experienced by a mentally sick person on finding himself removed from the vexations and misunderstandings of home to the sheltering calm of an asylum.

ciding that insanity is practically incurable, it is important to ask how far this difficulty alone has not hitherto stood in the way of cure.

A terrified popular imagination still pictures insanity as some mysterious and monstrous incubus, coming from distant regions of darkness to crush out human reason. In reality, however, insanity means a complex multitude of morbid states, varying indefinitely in form and intensity, but all composed of elements which preëxist in health. This fact affords a basis for prophylaxis, for it indicates the possibility of detecting these elements and, to a certain extent, of anticipating their morbid combinations.

There are as many degrees in the soundness of men's minds as in the soundness of their digestions. Study of the organism of the family, sometimes in several generations, often serves to detect flaws in the individual organization otherwise too minute for notice. It is to the family organism that especially applies the doctrine of the blending of apparently opposite elements, — as genius and insanity, both springing from an unstable equilibrium of the nervous system. These elements sometimes, though rarely, blend in the same person. But far more frequently it is inheritance from the undeveloped side of an organization of genius which results in an organization of imbecility. The original organization gives the physical substratum; upon this the succession of psychic processes, which begin with the dawn of consciousness, builds up the mental individuality. Ideas, feelings, volitions, enter liberally into the structure of the mind, — are the constituent elements of which this has been built up. Permit me to quote the description given by the celebrated Griesinger:

"Self-consciousness, — the Ego, —" he says, "is an abstraction in which are contained, closely welded together, residues of all the sensibilities, thoughts, and volitions which the individual has ever experienced. . . . These are gradually aggregated into complex masses of conceptions, varying in density and resistance, according to the internal cohesion of their elements. . . . The character of the individual varies with their relative predominance; their constant struggle with one another constitutes the internal conflict which is essential to normal mental existence. . . . The development of insane delusions follows the same law as that of healthy ideas. New sensibilities, volitions, and conceptions present themselves to the preëxisting conception masses, are at first repelled by these, gradually penetrate them, and if the cohesiveness of the latter be weak or weakened, assimilate to them until the Ego is transformed or completely falsified. *In this process the previous composition of the Ego is seen to be of immense importance.* A weak (loosely knit) nature will, much earlier than a strong one, be overborne by anomalous conceptions."*

Thus, at any given moment, the mental organism consists not

* "Pathologie und Therapie der Psychischen Krankheiten," 1867.

only of its physical substratum, but of that *and* of the long series of psychic processes which have been built up on it. It is a fundamental law of all organized tissues, and most conspicuously illustrated in the brain, that function not only depends upon structure, but ends by modifying it. Hence, morbid modifications of psychic processes may be initiated either in them or in the physical substratum. This is equivalent to the previous assertion that insanity may be determined either by a psychic or a somatic cause, but generally requires the concurrence of both. In the existing professional and popular reaction against the old puerilities of the exclusively moral theory of insanity, these facts are often overlooked or misunderstood. The question of prophylaxis has become narrowed down to the question of prophylaxis in marriage. This is not only much too narrow, and the social difficulties in the way very great, but the rules for practice have been by no means worked out, and many of those which have been suggested are erroneous or superficial.

The fact that the previous constitution of the mental conception masses modifies the process of their falsification under the influence of mental disease, should suggest an effort to so build up this constitution that it may be fitted to resist strain. For the formation of the conception masses is far from being a spontaneous or self-directed process. No ideas can enter the forming mind except from without, from communication with its fellows, or from the transformation of sense impressions. It is therefore largely in our power to determine the nature of the ideas of any child who is *thoroughly* guarded from his cradle. Again, the will develops in the mould it makes for itself by successive volitions; these may to a considerable extent be commanded or contrived. It follows that, hand in hand with prophylactic treatment of the physical substratum of the inherited nervous organization, should go strenuous educational prophylaxis of the psychic processes. But there is needed a far-sighted, comprehensive, minute education, which should begin with the dawn of consciousness, and extend, if possible, through life. It should have a detailed objective or reason for each step, in the elementary lesions of the disease which menaces the person, or in the elementary defects of his menaced constitution.

To assert that moral prophylaxis is useless because insanity is merely a symptom of physical disease, is to contradict the facts of the double nature and double origin of the psychoses which are admitted by the best authorities. Educational prophylaxis could only be expected to contribute one factor toward the solution of the problem; but it is one, and all the more worth considering, because at present it is so generally neglected. A more plausible objection is that the moral substratum of minds predisposed to insanity is peculiarly perverted, so that they are insusceptible of education. That it is precisely this insusceptibility which especially

manifests their predisposition. Finally, it may be alleged that the traits of character which exist in a person before an attack of insanity, can offer no guide for treatment, because in the attack these are all reversed.

This last objection is met by the answer that the prophylaxis of mental, as of somatic diseases, is to be directed, not to the symptoms of the malady, but to the constitutional defects which facilitate its invasion, and to the circumstances of the surrounding medium which become the occasioning cause. Thus, it is known that under a great weight of responsibility a cheerful-tempered, but feeble-willed person may break down into melancholia. The prophylactic training should therefore be directed, not toward making such a person more cheerful, but toward inuring him, by gradual practice, to bear responsibility. And so for other analogous cases. All cases, however, are not analogous. In a great many, especially where the mental disease develops gradually, its morbid features are seen to unfold, one by one, from those which have always existed. There is often a so-called "hypertrophy of character." This is especially the case in the great class of mental diseases which are associated with organic deterioration of the family constitution, in which each member of the family participates in varying degrees. This class is called by Krafft Ebing the psychic degenerations. The mental diseases of this class are often apparently spontaneous in origin.

Attacks of insanity occurring in persons with brains previously sound, with a minimum of predisposition, and under the influence of really powerful occasioning causes, are considered functional and relatively benign. They are called, in distinction from the first, psycho-neuroses. Their prognosis is relatively favorable. For, although quite capable of terminating in chronic mania or dementia, they tend, under favorable circumstances, to spontaneous recovery.

The psychic degenerations are often incurable. But, on the other hand, they are often stationary, remain through life without progressing to any dangerous degree, and are then to be regarded rather as defects than diseases. In some cases treatment, either moral or physical, can never accomplish more than palliation; in others it may be expected to avert the development of active disease out of the defect. Finally, in the most degraded forms of congenital moral insanity, the case is really insusceptible to education, and must be abandoned to permanent restraint. For these latter cases is really valid the objection against prophylactic education, urged on account of its impracticability. But these cases form only a portion of the immense number with which we are called upon to deal.

The ideal prophylaxis implies that in neuropathic families the entire life of each child, its physical and moral training, and every detail of its social surroundings, should be planned with a view to

avert mental disease. According to the degree of predisposition, this is liable to occur spontaneously at ordinary physiological crises, as puberty, menstruation, pregnancy, parturition, lactation, the climacteric; or only under the influence of external causes. In the latter case, the far-sighted disposition of the social medium of a predisposed person may often avert an attack of insanity by averting the cause. It is evident that the far-sighted and self-controlled guardianship required should be entrusted to a person not sharing the family constitution; to the parent who may be exempt, or, if both are affected, to a person who is not a relative at all. For the present purpose only a word is needed in regard to the main details of physical prophylaxis. They are: abundance of nitrogenous food; daily cold bathing; pure air; daily exercise in it, especially by means of cultivation of the ground, the cardinal employment for the body and mind of neurotics. A fifth point of great importance is rest; equally so for an immediately threatened attack, and in the life-long management of susceptible persons. For them over-exhaustion and fatigue are always to be dreaded, and to these they are particularly prone, from the extremely deficient power of resistance of their nervous system. It is worth noticing that it is neuropathic families more than any others who are liable to neglect the foregoing precautions.

For effective moral prophylaxis, it is desirable that a certain amount of information be properly diffused, to facilitate the awakening of domestic solicitude, the recognition of incipient insanity, and of the slighter but significant marks of the insane temperament. This may prove as useful as it has already done in regard to scrofula, rhachitis, tuberculosis, and other constitutional diseases.

Krafft Ebing ranks severe and congenital hysteria with the psychic degenerations, and shows it to be the forerunner of much real insanity.* Knowledge of this fact might do much to check the capricious and vacillating treatment to which youthful hysterical patients are generally subjected. On the other hand, in the permanent prophylaxis for adult life, which must so largely be committed to the patient, it is extremely useful to be aware of the relative benignity of the very forms of insanity which usually excite the most alarm. Acute melancholia, mania, and primary dementia are classed with the functional disorders or psycho-neuroses, tending, under favorable circumstance, to spontaneous recovery. This knowledge might help to avert at least those distressing suicides which are committed, not from insane impulses, but under the dread of impending insanity. They are far from proving that this has already set in, for it is really not irrational to chose death in preference to permanent dementia.

The following traits are signalized as characteristic of the neu-

* This statement is not made in regard to acquired hysteria, symptomatic of uterine or other diseases.

ropathic constitution—constitution which affords the main physical and moral basis for the development of insanity. In neuropathic families the children early manifest a remarkable nervous excitability, with tendency to severe neurotic disorders at physiological crises, as convulsions during dentition, neuralgias at menstruation. The establishment of menstruation is often premature, often preceded and followed by profound chloro-anæmia. The cerebral functions are easily disturbed, slight physical disorders being attended by somnolence, delirium, hallucinations. The nervous system seems to be everywhere hyperæsthetic. Reaction to either pleasing or displeasing impressions is excessive, there are abundant reflex neuralgias, vaso-motor irritations. Pallor, blushing, palpitations, præcordial anxiety, are caused by trifling moral excitement, or by agents lowering the tone of the vaso-motor nerves, as heat or alcohol. The sexual instincts are precocious and often perverted. The establishment of puberty is often the sign for the development of spinal irritation, hysteria, or epilepsy. The psychic characteristics correspond. The disposition is strikingly irritable and touchy; psychic pain arises for trifling cause; at the least occasion the most vivid emotions are excited. The subjects of this temperament alternate rapidly from one extreme to the other; their sympathies and antipathies are alike intense; their entire life is passed between periods of exaltation and depression, leaving scarcely any room for healthy indifference. On the other hand, there is a remarkable inexcitability of ethical feeling. Vanity, egotism, and a jealous suspiciousness are common, and the temper is often violent. The mind is often obviously feeble, with few and monotonous ideas, and sluggish association of them. At other times ideas are readily excited, the imagination is active, even to the production of hallucinations; but mental activity is ineffective because of the rapidity with which it leads to exhaustion. There is no time to complete any thing before the energies flag. The will is equally deceptive in its apparent exuberance and real futility. Its capricious energy and innate weakness is a fit counterpart for the one-sided talent or even whimsical genius which often marks the intelligence.*

This disposition constitutes the moral substratum which, together with the physical constitution, affords the constitutional basis for psychic disease. In it two elements are conspicuous: a profound and often unconscious egotism, resulting from the predominance of the instincts over the faculties for external relations; and a constant ineffectiveness in the maintenance of these relations,—in other words, abnormal weakness of the will. These elements reappear in insane diseases. Egotism is the nucleus of the exactions of hysteria, and determines the form of all delusions, which, whether primary, or engendered from emotional insanity, invariably centre on the depression or exaltation of self.

* Abridged from Krafft Ebing.

The suspiciousness and violent temper so frequent in the neuro-pathic, develops easily into the technical delirium of persecution or of quarrelsomeness. The psychic hyperæsthesia common to several psychoses, but typical of melancholia, depends, on the one hand, on the same primitive egotism; on the other hand, on the weakness of the will, on account of which the normal channel from feeling to action is blocked. Pent-up feeling is always hyperæsthetic; psychic pain is the correlative of external ineffectiveness, even when not directly caused by it.

Diminished interest in external relations results in psychic anæsthesia, especially in regard to moral appreciations. This anæsthesia is again the direct correlative of the excess of instinctive and personal interests, and of the weakness of the will which fails to enlarge the scope of the personality, as it is naturally destined to do.

When the will is feeble, sluggish, inert, the tendency of the mind to sink under pressure, and especially under the weight of responsibility, is very great. "The fact of human freedom," says Griesinger, "is the fact of the conflict in consciousness of opposing ideas, and of the termination of the strife by the conception mass representing the Ego, which assimilates part of the ideas and represses the rest." Feeble natures cannot bear this conflict without excessive pain, to which, at last, they not unfrequently succumb. In melancholia, the consciousness of diminished will power is a prominent and most painful symptom of the morbid state. The feebleness of the will may be manifested, not by sluggishness, but by infinite caprice and incessant vacillations. This may reflect a torrent of incoherent ideas; or it may represent so rapid a transformation of an idea into an impulse, that the latter alone seems to exist. Here the channel from the internal to the external world is not obstructed; its resistance, on the contrary, is abnormally diminished; yet the volition is still ineffective. Effective volitions demand distinct and correct ideas of the external medium upon which they are to be expended. But one of the most essential elements of insanity, and of the constitution predisposing to it, is the diminution in the number, force, variety, and accuracy of the ideas held concerning the external world, and on the relations of the individual to it. This monotony of ideas is sometimes, before the attack, concealed behind desultory verbiage. Sometimes, during the immediate prodromata of an attack, it is temporarily replaced, even in feeble-minded people, by an unwonted vivacity and power. Completed delirium, however, is always monotonous. Correlated to the egotistic instinct, it always centres on the personality of the individual, which is outrageously oppressed or illimitably exalted. The ideas are few; their associations sluggish; memory and attention are weakened even to extinction.

A deficient power of attention is generally a marked charac-

teristic of the neuropathic state ; it lies at the basis of the irritable impatience which is so frequent in it. This leads to the formation of loosely knit conception masses, ready to assimilate anomalous notions. The mind is naturally credulous ; unapt for criticism. It offers less resistance than another to the invasion of false ideas.

Thus the three great elements in the moral substratum of a person predisposed to insanity, are : the egotistical predominance of the instincts over the faculties of reflection and external relation ; the ineffectiveness of the will, even when this is impulsive or violent ; the inaptitude for ideas, resulting in their poverty and imperfect combination. The whole nature is shrunk upon itself ; there is not enough vital turgescence to expand it to its normal circumference, and to the points of contact of this with the external world. The cardinal point in the management of such natures is, therefore, the expansion of their shrunk individuality. This is to be effected by means of a strenuous educational system, directed at once toward the repression of the egotistic instincts, the enrichment and systematization of the ideas, and, through multiplication of acts and external relations, the energizing of the feeble will.

The scope of the method will be made clearer by some examples. Thus : grief is an efficient moral cause of insanity. That it does not more often render people insane, is indeed a remarkable proof of the resources of the healthy human organism. However various the occasions for grief, yet in so far as these all imply personal loss, the principle of their influence is always the same. The mind becomes so concentrated on the thought of this loss, that the latter acquires the ascendancy of a fixed idea. Apart from physical disease, the inability of diversion is great, in proportion to the habitual poverty and monotony of ideas ; to the fewness of relations with the external world ; to the preponderance of habitual interest in matters relating to self ; to the inertness of the will, unable by vigorous action, to extend externally irritations of psychic pain. Similarly, when disappointment or humiliations, great or small, real or fancied, are the cause, or injuries, or the suspicion of injuries, the power of the predisposition and of the occasioning cause being constantly in inverse relation to each other, we reach a grade of exaggerated hysteria or hypochondria where the egotistic instincts become able of themselves to generate melancholy, irritability, and delusions.

In another class of causations, shock plays a prominent part. Inability to resist shock is partly proportioned to poverty of ideas, which permit overwhelming surprises ; partly to habitually unrestrained emotionality ; partly to the passivity which prevents quick reaction. Analogous is the effect of strain, of excessive anxiety, of long standing care and responsibilities. Healthy and justly proportioned indifference is essential to healthy equilibrium ; an excess of sensibility over reflection or will power, predisposes

to insanity under sufficient irritation. All experience shows that an excess of egotistic sensibility, is far more dangerous than an excess of sympathy, the latter being indeed extremely rare in the neuropathic constitution. It may become a cause in non-constitutional insanity. Another line of causation is that in the direction of ideas, where the invasion of false ideas is facilitated by habits of credulity, superficial reasoning, loosely knit conception masses. An unreflecting enthusiasm easily embraces exciting doctrines, as in the various religious or political manias, or is carried away by suggestions which covertly appeal to the egotistic instincts, flattering or alarming them, or submits to incongruous beliefs, as in the so-called partial insanity or mono-mania.

In the cases where insanity develops in persons of great and trained intelligence, as in the famous examples of Comte and Rousseau, the intellect is not reached through intrinsic feebleness, but indirectly. Rousseau was the victim of a congenitally depraved organization, whose deterioration progressed regularly toward a final delirium of persecution and suicide. In the case of Comte, prolonged concentration of the intelligence upon a single set of ideas, so dangerously imitated the monotony of insanity, that the reason, mainly by this means, seems to have become temporarily overthrown. This case really serves to justify one of the cardinal points we have mentioned in the prophylactic method. We have no space for further illustrations, but detailed examination of the immediate etiology of many cases of insanity, constantly discovers more cases where this resolves itself into a simple failure of the psychic powers to continue their functions under the ordinary wear and tear of existence. These cases, possibly under deceptive appearances of ability, are all marked by innate feebleness.

Let us now consider in what way education may work against these constitutional defects.

Perhaps none of the details of an educational prophylaxis are foreign to the principles theoretically advocated for ordinary education. But in this they are applied, if at all, in a manner so lukewarm and vague as would render them useless for so grave a problem as the prophylaxis of insanity. To consider these principles in the order already enumerated, the repression of egotistic instincts demands effort in two directions. Negatively, these are to be atrophied by a studied atmosphere of indifference to caprice, violent tempers, ridiculous pretensions, exorbitant exactions; none of which are allowed to be gratified. In this permanent atmosphere, created by the mind controlling and guarding the child, he may learn to appreciate his insignificance relatively to the external world. Toward this and its interests he is secretly apathetic, except so far as they may be made subservient to his own vanity. The principle of justice, based on the simple fact of primitive equalities, must be profoundly in-wrought, by practical exercises, into the consciousness of the neurotic. He is naturally inclined

to submit every thing to the test of his sympathies and antipathies ; and the cultivated habit of reference to simple justice instead, will save him from innumerable entanglements, perplexities, and agitations most dangerous to his mental equilibrium.

The multiplicity of human interests, the vastness and importance of the interests of the world, as compared with his own, may be impressed upon the child's imagination in many ways, if ingenuity be not lacking. The incidents utilized or contrived, necessarily vary with the age of the child, but the same complex end is always to be held in view : restoration of the normal proportion between egotistic instincts and faculties of relation, and excitation of healthful ideas through healthful practical experiences and association with the fortunes of his fellows. Sometimes, together with mental vivacity, sometimes with mental inertness, the mind of the neuropathic individual is apt to be really indifferent to intellectual relations, to knowledge for its own sake, to disinterested curiosity, the happiest appanage of a sound intelligence. Interested motives must be skilfully supplied, sufficiently to provide for the acquisition of knowledge essential to the enrichment of ideas, yet with caution, lest vanity and *amour propre* be unduly stimulated.

The acquisition of knowledge, the training in morals, the formation of habits of thought, must all be centred upon practical activities. It is the proper development of these which is to be relied upon to energize the feeble will ; to accustom it to effectiveness by training to productive industry ; to broaden and deepen the channels from internal concepts to impulses ; to provide thus for the overflow of dangerous irritations ; to check the flightiness, frequent forerunner of insane impulse ; to widen the range of interests and of correlative ideas, and hence of resource against shock, vexation, and misfortune ; to moderate inordinate vanity by submitting its pretensions to practical tests ; to regulate moods by habits of daily labor, and to enlarge the entire personality, for the future as well as the present, by insuring, from internal pressure, the creation of a permanent career. This latter element of prophylaxis might well save from insanity many of the " lazy and languishing young ladies," whom Mortimer Granville complains of as filling private insane asylums.

It is not enough to attempt to widen the range of ideas. In some directions, and unguarded, this proves simply disastrous to persons of innately feeble intelligence. They must be trained in the formation of practical concepts ; associated as much as possible with practical facts, with sense impressions, and with experiences in action. Clearness, definiteness of ideas, their frequent association with images, afford no inconsiderable safeguard against morbid mental confusion. Similarly the careful training of the senses in various techniques contributes much toward the steady outward direction of nervous energies, which is needed to counteract the tendencies to internal concentration. In this connection, gymnastic training has a mental as well as physical influence. It

would be difficult to prove that such training of the periphery of the nervous system could counteract the development of hallucinations, which are caused by central irritation of the sensory centres. But it certainly lies in the line of such counteraction. If it be important to fill the mind with concrete ideas, it is at least as important that these be correct, and not liable to be uprooted in later life. This liability constitutes a real danger in the notions of popular theology, which are so loosely allowed to be acquired even by guardians who do not believe in them. To persons predisposed to insanity, the uprooting of fundamental ideas can by no means be performed with impunity. It is important to train such persons early in a sound and simple philosophy, which shall provide a firm basis for thought and life without inviting to speculative thinking.

Finally, since the object to be gained is firmness and strength for the mind in dealing with its own concepts, practical exercises in the elementary intellectual acts are extremely important. These are but feebly carried out in ordinary schools, because the object in view is not distinctly perceived or firmly grasped. The first signs of failing mental power are, loss of memory, of power of association of ideas, of summoning contrasting ideas into consciousness, of reproducing or comparing or criticising them. It is indicated, therefore, to train the mind in advance to profound habituation with these various processes. Such training will avail nothing when physical lesions have begun to destroy the intellectual mechanisms. But it may avail much in the cases where the integrity of these first becomes impaired from obstruction of function and psychic disability.

One other detail deserves notice, for it rarely receives attention. In minds predisposed to insanity there is often, perhaps always, a marked deficiency of elasticity. An impression sinks and remains; the mind cannot disengage itself nor recover its tone; it cannot pass quickly enough into the contrasting mood; a capacity to do this is the natural provision against strain; it probably corresponds to a law of rhythmic action in the physical mechanisms of thought. This capacity should, therefore, be carefully cultivated by encouraging alternations of attention at the first sign of fatigue. The contrary practice of forcing an immature mind to continued attention while under the influence of fatigue, instead of teaching it how to quickly change, is the habit of commonplace education. Injurious to all, it is especially so to persons predisposed to depressing forms of insanity. It exhausts still further the elasticity, in which they are naturally deficient. The management of the perverted instincts of neuropathic constitutions may, when these are advanced in deterioration, prove a hopeless task. At a less severe degree, however, many bad propensities may be held in check by a skilful combination of the methods of punishment, emulation and distracted attention.

One difficulty in guiding these cases generally lies in the fact

that their pathological nature is not early recognized. Children are incessantly moralized, whose minds do not contain any conceptions of morals, and only an imperfect mechanism for ethical functions. According to the degree of imperfection, such persons must be dealt with as animals, who can certainly be trained into habitual lines of conduct, even though destitute of the corresponding abstract ideas.

One morbid appetite calls for special mention, that, namely, for alcoholic liquors. This, like the others, is often manifested early in life, and, as known, is not only a symptom of a neuropathic constitution, but, when indulged, a potent occasional cause of insanity. The management of this appetite is a most difficult problem. It has been plausibly suggested that the permanent and moderate administration of alcohol in the form of beer, might, with other treatment, help to avert the development of the irresistible craving.

Such are the abstract principles of a system of treatment which, if seriously carried out, properly associated with physical treatment, and so arranged that every other consideration should be subordinated to the attainment of its ends, should prove of real value in helping to avert many cases of insanity. The physical and moral treatment of an actual attack, must be divided into: treatment of the (complex) cause; palliation of the symptoms as they arise; management of transition states. The etiology of an attack, when this can be traced, is, as has been said, nearly always complex. There is always both a physical state and a moral event or influence, both of which require to be removed.

It is foreign to our purpose to enumerate any of the bodily diseases which may become the proximate cause of an attack of insanity. They are so numerous that no patient's case can be decided on without a complete examination of every organ of his body. But there is one general condition, complex, in that it involves both body and mind, and which most commonly exists at the beginning of the psycho-neuroses. We mean some state of exhaustion which imperatively demands rest as the first element of treatment. In the profounder forms of melancholia, rest in bed is essential. Popular recognition of this is useful, because it would counteract the almost universal tendency to combat depression of spirits by travel, rapid change of scene, incessant amusement. These devices more often exhaust and confuse the patient than prove of real service. A single change of scene at the outset of the attack, is universally recognized as important. When the morbid irritations lie in the scenes immediately surrounding the patient, removal of the patient to another place, and among different people, may entirely fulfil the casual indication. But the routine application of this principle easily allows the real moral cause to be overlooked. Anxiety, humiliation, perplexity, disappointment, may be left to prey uninterruptedly on the mind of the patient in the calmest seclusion

of a whitewashed room at an asylum. The tact of the physician is to be first exerted in detecting the real subject with which the patient is preoccupied. A wholesale onslaught on the conditions which are supposed to worry him, resembles the advice formerly given at the beginning of every acute disease, while waiting for the diagnosis, "to clear out the system" by a good dose of calomel.

We once remember a case of melancholia in a girl brought on by her perplexed self-condemnation in fearing that through indecision, she had seemed to connive at a father's immoralities. This led to the common delusion of the unpardonable sin,—a delusion which, in itself, throws no light upon the real cause of remorse and perplexity. In this case, the precise etiology having been unravelled, removal of the patient from supposed responsibilities, effected a cure.

Treatment of the symptoms of mental diseases is subject to the same doubt that overhangs the symptomatic treatment of ordinary bodily diseases. We are generally unable to tell how far palliation of symptoms really modifies the course of the malady; or, in acute cases, shortens its duration. In the doubt, however, the attempt at palliation is always to be urged. The symptoms most prominently demanding it in the psychoses, are: psychic pain, in its various modifications of simple depression, gloom, apprehension, terror, remorse, irritability, excitement in all degrees, from simple exaltation to raving mania; perverted impulse; hallucinations of senses; delusion of ideas; exhaustion, as manifested either by apathy or incoherence. The risks of mischief, homicide, or suicide, cannot be called symptoms, but incidents to moods which are symptomatic of the disease. The bodily conditions which characteristically accompany the morbid mental states, are not the cause, but simply the physical aspect of the latter. They sometimes serve as useful guides to somatic medication; as the various marks of physical mal-nutrition, which often coexist with melancholia, will then indicate the necessity for rich food and certain tonics. In mania, however, indications furnished by physical appearances would often mislead, as they have misled, to a supposed necessity for depressing treatment. It is in etiological, and other considerations, that we have learned to discover cerebral mal-nutrition in the brain of maniacs; and to recognize that cerebral hyperæmia is nearly always secondary, and the result of vaso-motor paralysis.

Into the question of treatment of these conditions by drugs, we do not here enter. We are probably only on the threshold of an inquiry into the value of many agents capable of most subtle action on the nervous tissues. We cannot refrain, however, from a passing notice of the strange misconception, which at present leads so many English alienists to discuss opium, merely as a means of "chemical restraint." The French and German advocates of opium medication rely upon it, not to restrain excitement,

but to act on the perverted nutrition of the brain. That food, when nutritious, palatable, agreeably administered, and really digested, is the most powerful sedative and hypnotic; and that hydrotherapeutic treatment, deprived of its ridiculous pretensions as a moral agent, is a powerful nerve tonic, and, as such, often required, are propositions which, though practically often neglected, are not theoretically disputed. Upon them we need not now dwell.

Returning to the moral aspect of the case, we find at the outset the question of palliation of the so frequent symptom, moral depression. The method of palliation depends on two psychological principles,—on the effect of companionship, and on the effect of diverted attention. In certain grades or periods of disease (as melancholia attonita), neither will avail. But, in innumerable other cases, a watchful attendant would discover opportunities for intervention; would feel that the patient instinctively craved the firm and hopeful contradiction of his terror,—or, at least, in the agony of nightmare, was reaching out blindly for the comforting pressure of a human hand. The air of relief and astonishment with which our unhappy victim of melancholia will sometimes greet the voice or touch that recalls him from the hobgoblins of his disordered fancy, proves that he is susceptible to the soothing influence. Among such soothing influences it is rather strange that the traditional fame of music does not lead to its more frequent employment as a palliative in melancholia. It subtly penetrates the feelings through the sense most closely associated with them, at the times when the sense of sight seems clouded to the outside world. It has, unquestionably, a powerful influence in changing the mental mood; and the more so, the more it is purely instructive. Perhaps, one day, for the same reason, a more refined therapeutics will add to music the impressions of systematically combined odors—at least, for naturally sensitive organizations.

Diversion of attention is only possible in the milder shades or moods of melancholia, or in the melancholy fits of hysterical or delusional insanity. But, as these are very numerous, the occasions for trying the method are very frequent. To be of use it must be minutely and intelligently individualized. Occupations must not be forced on the patient; he must be watched for the least sign of interest in this or in that, and the clue followed up at once.

In many cases the principle guiding the choice is that of selecting objects which are fitted to make lively and brilliant impressions on the senses. It is by inarticulate musical sounds the sense of hearing is to be appealed to when the patient cannot be roused to exertion; it is by the sense of sight, particularly by appropriate combinations of color, such as are presented by the kindergarten occupations, by embroideries with brilliant wools, even by

childish paint boxes, that at another time, when less profoundly immersed in gloom, the same patient may be beguiled from himself. In other cases than these, the forced attempt at cheerfulness, even the bright colors, would increase the irritation of the patient. An artist in feeling and color would learn how to adjust the surroundings precisely to the mood. In some cases the patient must be left for a while to the darkness and solitude he craves. In others, compulsory exercise in the open air may have an effect analogous to that of a brisk walk or ride on horseback, in driving away the blues from a person not reckoned insane. The hyperæsthesia which so frequently exists, and is so frequent a starting-point of hallucinations, affords scope for much ingenuity in modifying sense impressions or in nicely adjusting the sensitive media. Undoubtedly this necessity may vary with the original delicacy of the sense perceptions, and with the training they have received; but, on the other hand, in virtue of the hyperæsthesia, original differences are lessened. The trifling circumstances which often determine hallucinations, or at least fix their definite form, suggest that a persevering ingenuity might often find the means of modifying them.

The symptom, irritability, does not always require soothing treatment. A well devised distraction, sometimes an energetic scolding, almost always, when the physical strength admits of it, brisk exercise in the open air, are far more suitable. The irritability of hysterical conditions is aggravated by petting and solicitude. Irritability always means the tension of nerves overcharged with impressions which can find no issue in movements or actions. Movement is the physiological remedy for irritability. It is the remedy sought by nature in the higher grades of irritability, where the patient is no longer conscious of the tension, in maniacal excitement and mania. On scarcely any point has recent discussion throughout the civilized world been more abundant and fruitful than this. It has been well established that mental excitement is necessarily aggravated by bodily restraint, and tends, on physiological laws, to calm itself by bodily violence. Ingenuity has been well expended in devising primitive, violent, and rhythmic exercises for periods of excitement; or in facilitating the running, leaping, gesticulations, to which the patients naturally abandon themselves. The destructive tendencies, which are matters of quite secondary importance, are to be provided against by any thing but the naive and childish expedient of tying the patient's hands. "The maniacs," observes Krafft Ebing, "who destroy every thing and pull their clothes off, may be allowed to run about naked in a well-warmed room, with hay or horse hair for covering when they feel the need of it!"

Treatment of delusions is a very difficult problem, and, as it would appear, by no means solved by the best authorities. No one now believes with Leuret that it is desirable to order a patient

to surrender his delusions, under penalty of a ducking from the shower bath. However, firm but rather indifferent contradiction is recommended, whenever the patient chooses to bring forward the subject, but argument is disallowed. The great principle is palliation, distraction of the mind by employment on other themes. Such employment tends to wrench the mind away from the dangerous fixity of its preoccupation. An atmosphere of indifference, sharpened by occasional ridicule and contempt, tends to atrophy delusions when these are not too formally systematized, or too deep-rooted.

The question of occupation is indeed the great question of the moral treatment of insanity. But what a question it is, and how little it is answered by wholesale committals to laundry work or lint scraping, to knitting or digging! Rightly understood, it means the creation around each patient of a new world, built up out of his own awakened and directed activities. Whether these are useful or not, is of trifling consequence. They are intended to distract the thoughts from a monotonous train of ideas; to enlarge the obstructed will channels from the inner to the outer world; to restore yet moderate self-complacency, by definite self-achievements in that outer world; to reestablish healthful currents of social feeling, by the habit of work in common with others. But for these purposes, the work must be accurately adapted to the taste of the patient. It must vary frequently, sometimes every hour of the day. It must exercise the weakened faculties without straining them. It must excite interest, often serve to gratify the passions of emulation, vanity, *amour propre*. It must be for each case, a minutely studied, philosophically planned prescription, carried out by means of such patience and ingenuity on the part of the attendant, as should combine the tact of a nurse, of a teacher, and of a mother with her child.

Space, of course, fails to indicate the occupations possible, I do not say for insane asylums, but for the insane. The analogy of the mental state with that of childhood must never be forgotten; and toy stores might often be ransacked to advantage. There is an essential difference worth noting, however, between games and occupations proper; the latter alone result in a tangible product. This tangible product is very important. In certain cases, as during convalescence from acute dementia, the heaping up of stones into definite piles, may be an useful occupation. At the other extremity of the scale, among educated patients, studies in natural history may be fragmentarily pursued, at least on the concrete side of making and classifying collections of natural objects, for the sciences of botany, conchology, mineralogy, and the like. In other cases, the pursuit of accomplishments, music, painting, embroidery, is perfectly feasible. It has been found possible, in an asylum for the uneducated insane, to open a regular school for elementary instruction in reading, writing, arithmetic, etc. But

the varied and delightful occupations afforded by farming, horticulture, and fruit culture, should be the fundamental employment for the insane, as for neurotics. At present these are scarcely utilized, except when a motive for economy stimulates the languid interest in the possible therapeutic efficacy of such measures. And for women, the larger class of insane patients, they are not utilized at all.

An element of moral treatment which must be combined with all others, consists in the ascendancy over the mind of the patient which should be obtained by his personal attendant. This is required for the most different purposes, of which obedience, for the sake of convenience, is only one. It is a good thing for an insane mind to feel itself commanded in its weakness by a sane one. It is good that it become accustomed to rely upon guidance, —submissive to direction,—afraid, if need be, of certain punishments. But how carefully must these be arranged? The discipline must invariably be that which would be judiciously adopted for refractory children, as remote as possible from the idea of criminal discipline, with which in asylums it is too often half consciously associated; equally remote also from the irritating mixture of scolding and compliance, which is apt to surround patients in their own families. But to make this reliance on direction worth anything, the guide must have fertile and abundant purposes to be carried out. It is again the attitude of a child to its mother that alone furnishes the standard of comparison. A habit must be bred in the patient's mind of instinctively turning to his attendant to ask what was going to be done at this hour, and this, or, at least, of expecting something to be suggested. The healthy mind becomes thus the permanent source of activities that may gradually quicken the benumbed faculties of the sick one.

Palliation of mental symptoms is to be aimed at as much as possible, for the same reason that we try to palliate the symptoms of fevers or other acute diseases. It is always to be feared that the mere continuance of a morbid function may result in collapse by destruction of its mechanism. The same danger of exhaustion is imminent in the transition periods of mental disease, and renders them so critical. It is not the breaking down of the body which is then to be feared, but the collapse of the delicate mechanisms which serve the mind. They may be really destroyed during the acute stages of the disease, or their functions, unawakened from long torpor, may be allowed to sink into extinction. The danger of quietly drifting to dementia has been pointed out by more than one observer.

For this reason, a patient arrived at a period of mental exhaustion, as indicated by apathy or by incoherence, requires to be watched with the most minute care. The faculties may awaken; they may sink into endless torpor. To prevent the latter calamity, the indication is to approach each faculty with a suitable stimulus

in just sufficient proportion. Simple sense impressions should be first awakened ; then combined ; reminiscences cautiously aroused ; ideas gradually excited. It is at this time that change of scene, rather frequently but not too hurriedly repeated, is most important. Too often is the change merely made, when at all, from one room in the asylum to another ; or, with another extreme of violence, from the asylum brusquely back to the family. The importance of nicely graduating the transitions is much insisted upon by authorities.

From the standpoint of the foregoing sketch it is pertinent to inquire how far it can be possible, with the best intentions, for any such minutely individualized treatment to be applied at an asylum with a population of several hundred patients. Is there any security that even their bodily diseases can be efficiently attended to ? And yet, if an insane patient is to be treated at all, it is difficult to see how any thing short of this minute individualization can be worth speaking of.

For many cases there seems no good reason why the treatment of a mental, as of a physical disease, should not be best carried out by a private physician, seconded by an intelligent and specially trained nurse, assuming, of course, that both could be found. Two exigencies, however, necessitate special arrangements : provision for states of excitement, and provision for the occasional association with a certain number of other persons undergoing the same moral treatment. Is it not possible that these might be met by some such arrangement as the following : Groups of detached houses, varying in size with the district they supply, but always in the country, should constitute species of colonies. In these, patients might be placed temporarily by their own physicians, who, in consultation with the resident, would continue, when desired, to retain the control and management of the case. This would provide for the individual care, rarely obtainable except in private practice ; also, for the frequent changes in the habit and regime of the patient, which are needed to prevent disastrous routine. At the same time could be obtained the moral discipline needed for employment, drill, gymnastics, etc, which is hardly possible except with selected groups of patients.

DEBATE ON INSANITY.

Professor HARRIS : It is clear that man uses corporeal senses as instruments with which to learn the external world. Nerves are the avenues of sense impressions. Nerves receive impressions from the external world, and the mind infers the properties and qualities of existence from the character and quality of the nerve impressions. Now it is obvious that, besides sound, healthy nerve

function, there may be diseased function. In case of disease the nerve may be sensitive to its corporeal environment as well as to the external world. The lesions of diseased nerves will seem to the mind to be impressions from without, and will be interpreted as perceptions of external existences; thus, severed limbs often seem to be felt even in the lost extremities, because the nerve is affected at its end in the stump of the amputated limb. These lesions of diseased nerves will, most likely, be more vivid than in healthy nerve-action; and will be interpreted as perceptions of more vivid realities. They will apparently reveal to the mind a world of distortions, hideous forms, threatening the safety of the person thus diseased. This person will thus be *insane*. His sense data do not reveal facts, and hence he acts on wrong premises, and acts absurdly, in reality, although very rationally in view of what he sees to be the reality. Insanity of this kind will pass away when the nerves of sensation are made healthy.

Not only is the sense perception conducted through corporeal organs in its first perception, but former perception is also recalled by means of corporeal activity which is caused, more or less, by the excitation of the will. Recollection is, like sense-perception, a seizure of a direct, immediate, particular fact or object, and not an apprehension of something general or universal. Not only can the effect of a former lesion on the sense organ be renewed at will, through the act of recollection, but, by power of the will, the sense organ may be framed into original shapes called fancies, which seem, when felt to be directly controlled by the will, to be purely subjective. But disease of the brain can also produce fancies not dependent on the will, called "fixed ideas" (*idées fixes*). These form *hallucinations*, the second form of insanity.

This brain disease may arise from general causes, or it may be produced directly by the brooding of the mind upon an object or event, important to it, for so long a time that partial congestion of the brain organ supervenes, and inflammation causes the image to persist in the mind through most or all of its experiences. A permanent image existing through the mental experience furnishes a sort of axis for this experience. And the mind dwells on that image, and finds the relations of that to all of its experience; in fact giving unity to its experience through that image. Hence the image comes to be attached closely to the personal

identity, and, if the image of a person, may often be adopted as the supposed identity of the person himself,—who then believes himself to be St. Paul, Napoleon, or even Jesus Christ.

In all cases of hallucination, as well as in all cases of delirium, there is primarily a diseased nervous organism, which, instead of being set into activity purely *ab extra*, is organically put in action by the disease on its own account, and furnishes illusions. The soul is rational but its data are incorrect. Insanity, therefore, does not offer any support to the materialistic theory of the mind, but the contrary. If the mind itself were diseased, its categories of causality, quantity, quality, space, and time, would be affected, and it would invert its rational procedures, and omit some phases, and reason incorrectly from data. But of this we have no evidence. The disease appertains to the body, and affects only the data of relation to the external world. From these theoretic principles some results follow as regards the treatment of insanity.

I. The disease of the nerves—inflammation or whatever it is—should be removed.

II. The mind should never be allowed to brood long at a time over objects and events. Diversion is essential to the treatment of insanity.

III. In case of chronic morbid lesion, which produces the persistent presence of some image, there should be attempts to lead out from this image to its environment, and thus to change its being by development of the conception, and development that comes from growth of ideas. The relations should be often canvassed, and the reason encouraged to infer results, near and remote. Sometimes such a lesion would be cured by creating a new one of equal importance by a fright.

The science and art of creating new mental operations should be studied in order properly to treat the insane. These can arise from without, through bodily disease, and within, through self-determination of the mind, which chooses to brood over an image. Both of these methods should be used to controvert diseased brain spectres. From the fact that drugs have the power to produce mental spectres, it has been inferred that the mind is no self-determining entity, but a product of bodily functions. The distinction between sense-data and the process of inference and will, removes this materialistic implication. The sense-data are all corporeal, and may be sound and valid, or may be only delusive, as in case of drug-excitement of the nerves. The mind infers and

wills in view of its data, whether real or delusive. Moreover, the mind through its self-determination, in case of brooding, can even create the disease, which gives rise to hallucination.

Prof. HARRIS's theory of insanity was called in question by Dr. SEGUIN, and the chairman of the session, Mr. EATON, and some discussion followed in regard to the observed facts and philosophic laws cited by Prof. Harris. Dr. CHANNING, leaving this discussion as important, but not within his department, said in substance :

Dr. CHANNING : All persons who heard it must recognize the great value of Dr. Jacobi's paper, as a contribution to psychological medicine. He had not before seen, in American literature, so careful a study of the early phases of insanity. It was characterized by the thoroughness and closeness of observation peculiar to the Germans. In regard to the home treatment of cases of insanity, it would work very well in a small percentage of quiet cases, where no change was necessary ; Dr. Jacobi herself, however, emphasizes the necessity of *change* in nearly all instances, and this brings us at once to look at the practical side of the question. The vast body of insane persons are practically paupers ; that is, persons who can pay nothing toward their own support. They are a burden on the State. Now the State cannot place them in small private institutions, where the treatment most closely resembles that of home ; neither can it send them to the large private hospitals ; for at both these places the expense is too great. The only alternative, therefore, that remains, is to give them the desired change by placing them together in large State institutions, under the best possible management. This general principle for the pauper class must obtain through all time, but for the rich and middle classes, a more varied arrangement will be possible. " In my own experience," said Dr. Channing, " I can hardly remember a case of melancholia where it seemed advisable to treat the patient by leaving him in bed, unless the degree of exhaustion was very unusual. Melancholiacs are generally so profoundly buried in the *ego*, that continual efforts must be made to stimulate and hold their attention, and to bridge over the fatal period ; when, if left to themselves, their identity is lost, perhaps, never to return ; and it is at this time that physical exertion is most important, modified, of course, to suit the circumstances of each case."

Dr. Channing, also, submitted the following letter from Dr. Hamilton, of Mobile, Alabama :

MOBILE, Aug. 19, 1881.

WALTER CHANNING, M. D.

Dear Sir,—Your note containing an invitation to visit Saratoga on the 7th of September, and take part in the debates of Health Department, reached me this morning. In reply, I am sorry to be

obliged to say, that my professional engagements are such, that it will be utterly out of my power to be present on that occasion, as I am well aware, very much to my loss. I am glad to see by the programme, that the question of temperance, in its legal aspects, is to occupy a good part of the time and attention of the Department of Jurisprudence; and would be glad to see the same subject, from the medical point of view, taken up and examined exhaustively by the Department of Health. The question of inebriety, its effects, and proper mode of treatment, is, to my mind, *the* great and important question of the day; it underlies many of the important subjects, that engage the attention of the Social Science Association,—notably the questions of insanity, pauperism and crime.

I had, a day or two since, the pleasure of reading the report of Dr. Bancroft, superintendent of the New Hampshire Insane Asylum, to his trustees. I was much pleased with some ideas he advanced in regard to the difference in treatment required in different cases; he argued that there was as much difference in the character of the insane as in the sane, and that to be successful required a careful study of each individual case; that there should be a great deal of attention to their surroundings in reference to association, &c.,—not mixing the ignorant with the cultivated, the gross and obscene with the refined and pure; and he is making an effort in the construction of the buildings and surroundings to carry out his ideas. At this time it is too much to expect that in large public institutions this can yet be carried out; but when we recollect what the condition and surroundings of insane hospitals were some fifty or more years since, and the treatment of the poor demented sufferers, and then look at the progress that has been made, the humane, Christian influences that surround and comfort them today, we may well be hopeful, ever striving to press on to higher and higher excellence.

J. C. HAMILTON.

MR. SANBORN said, that he entirely agreed with Dr. Channing concerning the value of the elaborate paper just read. As a theory of incipient insanity, with practical suggestions for the prevention and the early treatment of this great evil, Dr. Jacobi's treatise stands almost alone in the American literature of the subject; and reminds us rather of those exhaustive German studies with which she has evidently been so familiar. He should incline, however, to the theory of insanity so acutely stated by Prof. Harris, in the points where it varied from Dr. Jacobi's. His own attention was daily called rather to the practical treatment of established cases of insanity than to any theory of the disease, however philosophical. In respect to the suggestion that the insane asylum was not the best place for insane persons of every description, he quite agreed with the paper; but, on the other hand, it should be consid-

ered, that, for the great majority of cases, as Dr. Channing has said, there is no other practicable place of resort than the insane hospital or asylum. It would be found quite impossible to carry out in more than one case in twenty, at present, the suggestions as to private treatment which the paper contained; because the pecuniary means available in most cases would not permit it. It is true, as Dr. Channing has intimated, that nearly or quite three-fourths of all our insane are practically paupers, and that the property of those insane persons who are at first self-supporting is rapidly diminished by this very condition of insanity, and the expense which it involves. Yet the paper would do great good in calling attention to what is possible in the most favored cases,—and what will become more and more possible for all, if the subject is carefully studied in the direction pointed out by Dr. Jacobi.

We print below, as bearing directly upon the subject treated, the full report of remarks made by Miss Margaret A. Cleaves, M. D., at the Conference of Charities in Boston, July 25, 1881. A report of her remarks, printed on pages 27 and 28 of the Proceedings of that Conference, did not receive the final corrections of Dr. Cleaves, and it is therefore due to her to furnish a more exact report; which is here given.

DR. CLEAVES ON THE TREATMENT OF INSANITY BY WOMEN.

It was not my intention to say anything, at this time, concerning my work at Harrisburg, or the movement in which I am interested, and I would not now, had not Mr. Sanborn called upon me. I feel that I have been engaged in the work for too short a time to formulate my opinions, or demonstrate the success of women as physicians to the female insane. This, however, I am prepared to assert,—that my experience of now nearly eleven months, has fully corroborated the views which I expressed before this Conference of Charities, at its meeting in Chicago two years since, viz., that diseases peculiar to women exist in a large proportion of cases among insane women in our hospitals. I have never yet missed finding the special trouble in the case of any patient whom I have made the subject of investigation, and, during the past ten months, with an average of about two hundred patients, I have treated at least fifty special cases. These could only be relieved by special treatment, which, because of the mental condition of the patient, could best be given by a physician of the same sex.

In several cases mental recovery ensued where it was believed

by the male physician (who knew the cases well before I assumed charge of them), that they would not have recovered without special treatment. Their mental recovery was directly traceable to recovery from the local trouble. Others have undergone decided mental improvement as a result of the improved or recovered local condition, while in others the result has only been to relieve the local trouble. I do not think that we are to witness any marked increase in the number of recoveries from this cause, but I hold that, no matter what the result, it is the duty of physicians to the insane to relieve or remove, if in their power, every physical disability which may exist.

In answer to the question to which Dr. Bennet refers in her letter to Mr. Sanborn, I also answer in the negative. Insane women can be as readily controlled by physicians of their own sex as by men.

I am confirmed in the opinion (which I have held for some time) that there is plenty of work for women as physicians among insane women. The question is, what shall be their position in hospitals. My experience has convinced me that it must be one of two, viz., either as assistant physicians, or in control of separate hospitals for insane women. It is an unfortunate, but at the same time a well recognized fact, that there are very few hospital superintendents, at present, who would give to a female assistant the opportunity, unhampered, of doing all that exists to be done for insane women by a physician of their own sex. Were there always men in charge, who would cordially work and coöperate with them, then the question would have reached one satisfactory solution. That not being the case, the alternative is, it seems to me, to place insane women in separate hospitals under the exclusive control of physicians of their own sex. I fully agree with Mr. Sanborn and also with many others, that an institution to be successful can not have two heads, much less three.

At Harrisburg, there is a superintendent, who has charge of all general matters (attending also to the legal admission and discharge of female patients), and who is the physician-in-chief of the male department. I have the entire medical control of the female patients, and all that that necessarily involves in such an institution. There is also a steward, as in the ordinary hospital organization. At Norristown, there is a physician-in-chief of the male department, and a physician-in-chief of the female department, whose position and duties are identical. Then there is the steward for general business, while the executive power rests with the Board of Trustees, who, thus far have taken an active and intelligent interest in the institution. If they continue to do so, I doubt not that the success of the institution will be insured. I believe our organization at Harrisburg to be wrong, because of its duality, and I should regret seeing another hospital organized on the same plan. Despite our dual organization, however, it has

been our constant effort to preserve the unity of the institution. Dr. Gerhard, the present superintendent, has, by his generous and untiring efforts, contributed largely to this result, and also by his cordial coöperation with me in my work, rendered me valuable assistance. His best endeavor has been given to the advancement and success of women's work in the hospital at Harrisburg. Yet the plan of organization is a wrong one, and while it may be successful in exceptional instances, it should not be adopted generally, for in it are the very germs of failure. The matter of separate hospitals for insane women, under the exclusive care of women physicians, has engaged my attention quite a little of late; and the larger my experience the more am I convinced that in such separate organizations, under their exclusive control, women will develop their highest and best usefulness, and attain to the completest success in the care and treatment of insane women. A woman never does her work as a man does. It must always be done in a woman's way; hence she will have her best chance to do it well in separate hospitals. The establishment of these can only come about very gradually. There are comparatively few women as yet in the medical profession. Of those who study, quite a number never practice, and again but a small proportion of these are calculated for physicians in insane hospitals. As is right, most women will marry,—for after all it is in marriage and domestic life that women reaches, or should reach, her highest and truest happiness. Women who are to be physicians in hospitals for the insane, must give up all else for their work. If they are to make it successful they must give to it every effort, their highest and best endeavor, which is only possible with undivided purpose. After a longer lapse of time, I shall be better prepared to say whether my work at Harrisburg, or the work of women in hospitals is to be an assured success. I recognize the fact that it is yet but an experiment,—an experiment however, which I believe to possess inherently the quality of right, and consequently the seeds of success. As yet, I feel that we have done but little. Whether we shall ever attain our grand ideal, time only will reveal.

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